

Date: October 22, 2001

DSL-BQA-01-041

To: Nursing Homes

NH - 23

From: Jan Eakins, Chief  
Provider Regulation and Quality Improvement Section

cc: Susan Schroeder, Director  
Bureau of Quality Assurance

## **Resident Assessment Instrument (RAI) and Minimum Data Set (MDS) Update**

The purpose of this update is to provide you with information related to:

- Implementation of SUB\_REQ field
- New Monthly Quality Indicator Comparison Report
- RAI and MDS Training
- Clarification of MDS Section AA – Resident Numbers
- Coding Clarification for Section P4 – Devices and Restraints

### **New SUB\_REQ Field**

Beginning November 26, 2001, a new field, SUB\_REQ, will be a required field on all MDS records submitted to the State MDS System. The Centers for Medicare and Medicaid Services (CMS) has authority to collect MDS information for all residents residing on a certified unit in a nursing home. Some states have authority to collect MDS information for residents on non-certified units, while other states do not have that authority. The SUB\_REQ field is being added to identify under what authority MDS records are being submitted.

Wisconsin does not certify only certain units of a nursing home. The entire nursing home is certified or not certified. Wisconsin nursing homes should **always code SUB\_REQ as 3**, the resident is on a Medicare/Medicaid certified unit, submission of the record to the State is required under CMS authority.

Nursing homes should contact their software vendor to ensure proper coding of the SUB\_REQ field.

### **Monthly Quality Indicator Comparison Report**

CMS has developed an additional MDS quality indicator report that is now available. This report, the Monthly Quality Indicator Comparison Report, is generated at the end of each month. The Monthly Quality Indicator Comparison Report contains facility-level information while conforming to privacy rules; thus States and facilities may release these reports.

These reports can be released to:

- family members of a facility resident;

- potential facility residents or their family members; and,
- the State Ombudsman.

These reports are *Scheduled Reports* that automatically generate the 28<sup>th</sup> of each month. Nursing homes may obtain their reports by accessing the State MDS Website. The reports are located in the same area as MDS Initial Feedback Reports, MDS Final Validation Reports, and other *Scheduled Reports*. Refer to the Long Term Care Facility User's Manual for detailed instructions for accessing MDS reports from the State MDS System.

The attached CMS memorandum, Ref: S&C01-24, September 20, 2001, contains specific information about these reports and guidelines for use of information by recipients.

### Fall 2001 RAI/MDS Training

The Bureau of Quality Assurance will be presenting the following RAI/MDS training programs. Detailed training information and registration information is available on the Bulletins section of the State MDS System.

**MDS AUTOMATION** - Half-day conference 8:30 – 12:30 (This class is full.)

**Eau Claire** – October 23, 2001      Holiday Inn Convention Center

**RAI-MDS BASICS** – Full day conference 8:15 – 3:45

**Green Bay** – October 24, 2001

Best Western Midway Hotel

**Madison** – October 30, 2001

Radisson Inn

**ASSESSMENT/CARE PLANNING BEYOND BASIC RAI** – Full day conference 8:15 – 3:45

**Green Bay** - November 29, 2001

Holiday Inn – Airport

**Waukesha** – December 4, 2001

Country Inn Hotel/Conference Center

These programs will each have space for only 75 participants. Training brochures and registration forms are being mailed to all nursing homes. If you need additional information, please call Leann Graffin at (608) 267-1438.

### Section AA – Resident Numbers

Effective April 30, 2001, enhanced editing was applied to MDS items AA5a, AA5b, and AA7 to ensure submission of valid values. Failure to meet the edits will result in Fatal Record Message -29, "Invalid data values", and will cause the record to be rejected by the State MDS System. Listed below are the edits that are applied to these numbers:

#### AA5a (Social Security Number)

- Must be 9 digits, 9 dashes (unable to determine), or 9 spaces (blanks).
- Cannot start with 000.
- Cannot be 111111111, 333333333, or 123456789.

#### AA5b (Medicare Number)

- The total length cannot exceed 12 and no embedded spaces or dashes are allowed.
- 12 dashes (unable to determine) or 12 spaces (blank – not Medicare) are acceptable.
- If the number starts with a digit, then it is a HIC code and must have nine digits in the first nine places.
- In rare instances, a resident will have neither a Medicare number nor a Social Security number. When this occurs, another type of basic identification number (e.g., railroad retirement insurance number) may be substituted. In such cases, a C followed by the number will be accepted.
- NA, C, +, N are not acceptable.

#### AA7 (Medicaid Number)

- Entries containing quotes will cause a record to be rejected.
- A valid value of + should be entered in the left-most box if the number is pending (not "+").
- A valid value of N should be entered in the left-most box when a number is not applicable because the resident is not a Medicaid recipient (not "N").

<b>CMS Clarification for Coding Section P4 – Devices and Restraints</b>
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The federal Centers for Medicare and Medicaid Services (CMS) has changed its guidance for coding Section P4-Devices and Restraints. This new guidance will reverse the coding instructions given in August 1996.

The intent of Section P4 – Devices and Restraints in the RAI User's Manual is, "to record the frequency, over the past seven days, with which the resident was restrained by any devices listed below at any time during the day or night." The intent is followed by the definition of "physical restraint". The manual is the primary source of information providing direction on how to code the MDS. CMS periodically posts Questions and Answers (Qs & As) in an effort to clarify coding instructions. These Qs & As incorporate our understanding of assessment practice and experience with MDS data analysis over time. We believe that the July 2001 Qs & As regarding coding of Section P4 reflects the intent of the manual and the manual's definition of a physical restraint. That intent is to evaluate whether a device constitutes a restraint as part of the assessment process, and then to code only those devices listed in Section P4 that have the effect of restraining the resident. CMS is instructing those completing Section P4 of the MDS to follow the intent of the Section and code only items that meet the definition of a physical restraint. Since question #123 posted in August 1996 could be interpreted as being in conflict with this instruction, please disregard that question and follow the intent given in the RAI User's Manual and subsequent information provided in the July 2001 release of Qs & As. [Reference questions 3-80 and 3-81 in July 2001 CMS Qs & As document.]

Wisconsin included an edit in the HCFA Long Term Care Resident Assessment Instrument User's Manual – August 2000. The edit on page 3-158 incorporated the August 1996 HCFA guidance for coding. To promote consistency a replacement page (3-158) for the Wisconsin 8/2000 edition of the LTC RAI User's Manual (yellow cover) is attached.

## MDS Accuracy

Tips for success in improving and assuring MDS accuracy:

- Promoting interdisciplinary communication;
- Using the LTC RAI User's Manual (there is a direct correlation between MDS accuracy and the number of RAI manuals in the facility);
- Knowing the federal nursing home requirements;
- Providing training on the RAI process to all levels of staff including certified nursing assistants; and,
- Submitting MDS records at least weekly.

The Office of Inspector General (OIG), in conducting retrospective medical record review (RMRR), has shown that there are significant gaps in the quality of documentation. These RMRRs generally focus on payment items used to calculate the resource utilization group (RUGs.) Their findings include:

- 17% of fields coded on the MDS differ from supporting information in the medical record;
- based on the medical record reviews, 14% more RAPs should have been triggered and were not; and,
- there are significant discrepancies in the accuracy of the RUGs when comparing medical record documentation and MDS coding.

## Resources

Questions related to MDS data encoding and submission (feedback reports, error messages and data corrections) should be directed to either:

**Chris Benesh**, MDS/OASIS Automation Coordinator

Phone: 608-266-1718

benesce@dhfs.state.wi.us

or

**Cindy Symons**, ASIS Technical Analyst

Phone: 608-266-9675

symoncg@dhfs.state.wi.us

Questions related to the RAI/MDS process and clinical issues should be directed to:

**Billie March**, RAI Education Coordinator

Phone: 608-266-7188

marchba@dhfs.state.wi.us

Questions related to pharmacy/medication issues should be directed to:

**Douglas Englebert, RPh**, Pharmacy Practice Consultant

Phone: 608-266-5388

engleda@dhfs.state.wi.us.

Attachments

- LTC RAI User's Manual page 3-158
- S&C01-24, September 20, 2001